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APPLICANTS

Frederick N. Biesecker, Boyertown, PA;

Gregory Sprishen, Collegeville, PA;
Donald Rochow, Douglassville, PA;** CONTINUING DATA ***** *No*** FOREIGN APPLICATIONS ***** *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	PA	5	22	5
Verified and Acknowledged <i>Wm. H. Biesecker</i>	Examiner's Signature	Initials			

ADDRESS

000570
 AKEIN GUMP STRAUSS HAUER & FELD L.L.P.
 ONE COMMERCE SQUARE
 2005 MARKET STREET, SUITE 2200
 PHILADELPHIA , PA
 19103-7013

TITLE

Closure for a container

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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